

practice guideline was already in place for febrile neutropenia. All three emergencies listed are potentially treatable, if this is immediate, appropriate and sequential. These guidelines are intended to assist on the initial assessment, investigation and streamline management of patients. They are however not intended as a substitute for specialist oncology input but to disseminate a framework for homogenous and evidence based clinical practice for the clinicians concerned.

**Conclusion:** Adoption of these guidelines will allow widespread implementation of up to date and evidence based oncology protocols, assist in the provision of consistently high standard of care in the local setting and improve patient outcomes and survival.

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### Determinants of road courtesy in Malta: a prerogative of gender, age and car size

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**Introduction:** Courtesy on busy Maltese roads is not always evident but is it dependent on or influenced by, for example, driver and car characteristics?

**Methods:** Courtesy was defined when a driver with the right of way 'allowed access' to another, 'secondary' car onto a main road leading to a congested roundabout, whereby 'courteous passage' was the only reasonable means of access. The same car (class2, 17.5yrs in poor condition), with one driver (SAM, 50+) and passenger (EAM, 17yrs), approaching the same junction at 0730hrs±15min on school days was used as the secondary car. Details of all cars that refused or allowed access, their drivers' gender and age (to nearest 10yrs), accompanying passengers and weather were recorded by EAM onto a proforma, standardised after a weeks' pilot trial. Cars were grouped according to the British Vehicle Classification.

**Results:** Records from 88 schooldays over 6 months resulted in 141 refusals plus 44 courteous passes (analysed), and 46 access events through gaps in traffic or via known acquaintances (not analysed). Gender, age, weather and passengers had no bearing on road courtesy, if analysed independently. Courtesy was significantly enhanced with family saloons (Gp4-6) when compared with small cars (Gp1-3,  $p=0.04$ ), and luxury or work vehicles (Gp7-11,  $p=0.009$ ), especially in those with male drivers ( $p=0.01$ ) aged 40+ ( $p=0.04$ ). Drivers of large and work vehicles, mostly male (92%), were significantly less courteous,  $p=0.04$ .

**Conclusion:** Males over 40 years driving family saloons were the most courteous, whilst luxury cars, trucks, buses and vans were the least likely to afford courteous access.

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### How much anatomy do medical students remember?

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**Introduction:** Pure anatomy teaching at the University of Malta is completed by the second year, and is not formally revisited later. This study aimed to determine the extent of anatomical knowledge retention in each year of medical school.

**Methods:** Participating students, recruited from the first to the final year of medical school, submitted voluntarily to a best of four multiple-choice test, consisting of 99 clinical and non-clinical anatomy questions spanning all principal body regions, under examination conditions.

**Results:** 239 students enrolled in the study. Overall, second year students scored lowest (56.6%), with progressive improvement noted with clinical exposure in the third (63.0%) and fourth (64.2%) years;  $p=0.0264$ . Knowledge of thoracic

anatomy improved in the clinical years ( $p < 0.0001$ ), limb anatomy improved in the clinical years following an initial decline after first year (upper:  $p = 0.0166$ ; lower:  $p = 0.0022$ ), gastrointestinal ( $p = 0.1155$ ) and neuroanatomical ( $p = 0.5818$ ) knowledge levels were largely unchanged, whilst knowledge of renal and reproductive anatomy declined between first and second year students, before plateauing ( $p = 0.0110$ ).

**Conclusion:** Our results largely support the traditional teaching method currently employed. This whilst raising questions on the clinical relevance of content taught in various body regions, and supporting the relevance of an all-encompassing final anatomical exam at the end of the preclinical years.

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### The grey area: self-evaluation of performance in medical students at the University of Malta

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**Introduction:** Precise self-evaluation and a keen insight into one's performance and limitations are essential in medical practice. We sought to assess the accuracy of medical students' assessment of their own performance in a written clinical anatomy test.

**Methods:** Participating students, recruited from the first to the penultimate year of medical school, submitted voluntarily to a best-of-four multiple-choice test, consisting of 99 clinical and non-clinical anatomy questions spanning all principal body regions, under examination conditions. They were then asked to estimate their score. Unpaired t test and ANOVA were used for initial statistical analysis.

**Results:** 189 students, 89 (47.1%) male, participated in the study. 139 (73.5%) were Maltese nationals, whilst 34 (17.9%) and 16 (8.4%) were European and other international students, respectively. Overall, students underestimated their true performance by 16.2±15.2% (mean±SD), with no improvement in accuracy of self-evaluation noted along the course of study ( $p = 0.7560$ ). Female students tended to underrate more than their male counterparts (19.1±13.9% vs 12.8±16.0%,  $p = 0.0048$ ), despite no difference in actual score ( $p = 0.1527$ ). Non-Maltese European students estimated the furthest below their actual score (22.9±9.5%), with Maltese (15.7±15.8%) and other international (5.3±12.8%) students showing more insight ( $p=0.0005$ ).

**Conclusion:** Students failed to correctly evaluate their performance in a simple written anatomy test. It needs to be determined whether this lack of insight also extends to practical examinations as well as clinical skills. This may demonstrate the need for targeted non-technical skills training in medical school and beyond.